

AHS Board and Executive Expense Report

Name Glenda Yeates
Title AHS Board Member
Location Edmonton

Expenses submitted during the month of September 2019

Travel (1)										
MMM-YY	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Sep-19	Expense Claim	Meetings		30	190	131	351			
Sep-19	Direct Billing	Meetings	609				609			
Total			\$ 609	\$ 30	\$ 190	\$ 131	\$ 960	\$ -	\$ -	\$ -

Total for the Month \$ 960

Maximum daily single meal expense claimed in the month \$ 21
Maximum daily base hotel rate claimed in the month \$ 169
Non economy air travel in the month \$ -

1) Travel expenses

Includes local and out of province/country travel expenses. Other travel includes items such as taxis, parking mileage, car rental and other expenses related to travel.

2) Professional Development

Includes conference, seminar and course registration fees and material

3) Hosting and Hospitality expenses

Hospitality and Hosting expenses may be incurred to advance AHS' mission, vision and values. For example, may include working lunches with staff and prospective employees meetings with government officials, dignitaries, public interest groups, donors other public or private organizations.

4) Other

Other expenses include expenses incurred in the normal course of business that are required for work purposes. May include small item technology purchases, books, etc.

5) Remuneration, Allowances Reported in the Financial Statements

Car allowance, honoraria, meeting fees, and any other employment benefits reported in the annual financial statements are excluded from this report.

Employee # [REDACTED]

AHS - AP Processing - Internal Use Only	
Voucher #	
Naming Convention:	
T4/ANR Applicable? - If yes, indicate line & amt	

**BOARD MEMBER
EXPENSE CLAIM FORM**

SECTION 1: PAYEE INFORMATION					
Name:	Glenda Yeates			Expense Period Month:	Sep-19
Address:	[REDACTED]	City:	[REDACTED]		
Province:	[REDACTED]	Postal Code:	[REDACTED]	Country:	Canada
Reason for Expense	All expenses in this claim are based on: Chaired Quality & Safety Committee Meeting on September 11; attended Finance Committee and Audit & Risk Committee Meetings on September 12, 2019 in Edmonton.				

SECTION 2: FINANCE CODING & TOTAL CLAIM					
Description	Corp/BU/Org	Location (if applicable)	Functional Centre/Primary	Expense/Secondary Acct	Total (Note: This column will auto fill)
Meals (A)	101	0005	71110300000	45000000	\$29.95 ✓
Travel Exp (B+C+E)	101	0005	71110300000	62212000	\$321.35 ✓
Other (D)	101	0005	71110300000	41090000	\$0.00
TOTAL AMOUNT PAYABLE BY ACCOUNTS PAYABLE					\$351.30 ✓ <i>[Signature]</i>

SECTION 3: AUTHORIZATION			
I attest that I have read and understand the Government of Alberta's Travel, Meal and Hospitality Expenses Policy, and confirm expenses being claimed are in compliance with such policy to the best of my understanding and belief.			
I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services Board and that this claim has not been previously claimed by me or on my behalf from Alberta Health Services or any other Organization.			
I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided below.			
Claimant (Print Name)	Signature: I, by signing this form, attest that I am compliant to all the above statements	Date	Phone#
Glenda Yeates	<i>See attached email for approval</i>	Sept 25/19	[REDACTED]

I attest that I have read and understand the Government of Alberta's Travel, Meal and Hospitality Expenses Policy, and confirm expenses being claimed are in compliance with such policy to the best of my understanding and belief.	
I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services Board and that this claim has not been previously claimed by the claimant or on their behalf from Alberta Health Services or any other Organization.	
I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided below.	
Approved by (Print Name)	Position Title/Program Group
David Weyant	Board Chair
Signature: I, by signing this form, attest that I am compliant with all the above statements	Date
<i>[Signature]</i>	Oct 9, 2019

Health and Personal information on this form is collected by AHS under the authority of section 20(b) of the Health Information Act (HIA) and sections 33(c) and 34(2) of the Freedom of Information and Protection of Privacy (FOIP) Act, respectively, for the purpose of administering AHS Procure to Pay program.

**For payment please submit to:
14th Floor, North Tower, Seventh Street Plaza, 10030 - 107 St, Edmonton AB T5J 3E4, Attention: Jennifer Hamstra**

Carry forward from Section 1

Name:	Glenda Yeates	Expense Period Month:	Sep-19
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Completion of the "cost effective method used" Column is required. If you select "No" in this column, Further Explanation is Required in the "Rationale is Required" section below

Rationale is Required for expenses that are not Cost Effective: (supporting analysis and documentation must be attached to this form)

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SECTION 4A: BOARD MEMBER - TRAVEL EXPENSE CLAIM

The Board Members follow the Government of Alberta (GOA) Travel, Meal and Hospitality Expenses Policy

Note: For meal allowances outside Canada, the GOA policy redirects to the National Joint Council (NJC) travel directive for rates (Appendix C for USA, Appendix D for International).

Date	Description: (include purpose of trip, mode of travel, starting point, details of expenditure)	Cost Effective method used?	Meal (Allowance OR Receipt)(A)				Accommodation (B)	Transportation (Flight, Car Rental, Fuel, Parking, Taxi) (C)	Other (Itemize) (D)	Mileage km (E)
			Allowance Within Canada		With Receipt or Allowance Outside Canada					
			Meal Type	Allowance	Meal Type	Amount				
11-Sep-2019	Taxi from Calgary residence to YYC to chair QSC Meeting on September 11 and attend Finance and A&R on September 12, 2019 in Edmonton.	Yes	B-\$9.20	\$9.20			\$31.45			
11-Sep-2019	Taxi from from YEG to SSP.	Yes					\$63.25			
11-Sep-2019	One night accommodation to attend above meetings in Edmonton.	Yes	D-\$20.75	\$20.75		\$189.73				
12-Sep-2019	Taxi from Calgary Airport to residence in Calgary.	Yes					\$36.92			
Total: (amount auto fills to page 1)			\$29.95		\$0.00	\$189.73	\$131.62	\$0.00	0.00	

BOARD MEMBER Mileage Rate	0.505	Total Mileage	\$ -
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Checker Taxi
316 Meridian Rd SE
Calgary, AB
T2A 1X2
(403) 299-9999
www.thecheckergroup.com

Sep 11, 19 06:11

Driver# [REDACTED]
Driver Tax# [REDACTED]
Booking# [REDACTED]

27 Ave Nw
Calgary
09-11 5:55:50 AM

To: Airport Rd Ne
Calgary
09-11 6:10:12 AM

Starfall \$3.80
\$23.60
\$0.00
+ Tip \$31.45
Total \$27.40
\$4.05
Charged \$31.45
\$1.30

Approval

No [REDACTED]
Mode [REDACTED]
TD [REDACTED]

Issuer [REDACTED]

800
0
Credit

ied by PIN
2019-09-11 6:11:50 AM

Thank you for using Checker
Taxi!

AIRPORT TAXI SERVICE
4608 101 ST.
(7808907070)
EDMONTON AB

CARD [REDACTED]
CARD TYPE VISA
DATE 2019/09/11
TIME 5490 09:03:06
INVOICE # [REDACTED]
RECEIPT NUMBER [REDACTED]

PURCHASE
AMOUNT \$55.00
TIP \$8.25
TOTAL

\$63.25

Visa Credit
[REDACTED]

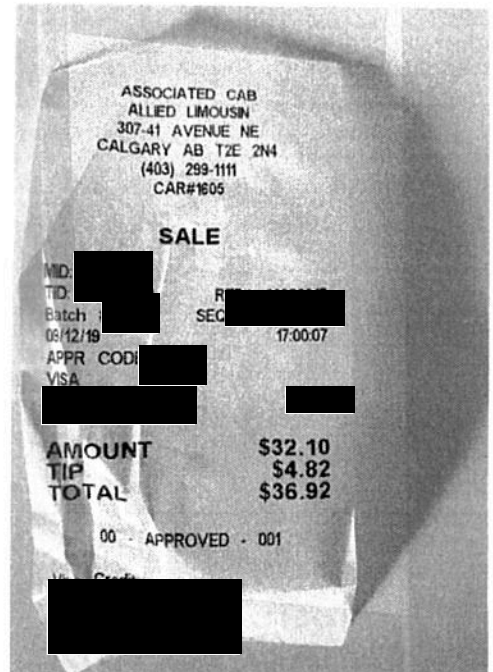
APPROVED

AUTH# [REDACTED]
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

GST 82248 5504 RT0001



The Westin Edmonton
 10135 100 St
 Edmonton, AB T5J 0N7
 Canada
 Tel: 780-426-3636 Fax: 780-428-1454



GLENDAYEATES
 [Redacted]

Page Number : 1 Invoice Nbr : [Redacted]
 Guest Number : [Redacted]
 Folio ID : [Redacted]
 Arrive Date : 11-SEP-19 16:34
 Depart Date : 12-SEP-19 07:41
 No. Of Guest : 1
 Room Number : [Redacted]
 Marriott Bonvoy Number : [Redacted]

Tax Invoice

Tax ID : 815461330RT0001
 The Westin Edm YEGWI SEP-12-2019 07:50 [Redacted]

Date	Reference	Description	Charges (CAD)	Credits (CAD)
11-SEP-19	[Redacted]	Room Chrg - Special Corp	169.00	
11-SEP-19	[Redacted]	GST	8.70	
11-SEP-19	[Redacted]	DMF	5.07	
11-SEP-19	[Redacted]	Tour Levy	6.96	
12-SEP-19	[Redacted]	Visa [Redacted]		-189.73

Approve EMV Receipt for VI [Redacted] PIN Verified

Application Label: Visa Credit

** Total 189.73 -189.73
 *** Balance 0.00

KIDS EAT WELL AT WESTIN - Discover kids' meals that are as delicious as they are nutritious with the Westin Eat Well Menu for Kids, developed with Superchefs(TM) to make kids and parents happy. Learn more at westin.com/eatwell

Tell us about your stay. www.westin.com/reviews

Continued on the next page

Expense Report Direct Bill Summary

Purpose of This Form:

The purpose of this form is to report expenses incurred on behalf of a designated Executive or an AHS Board Member and paid for by a third party vendor. The information will be used for Public Disclosure reporting.

Expenses Paid Directly to Third Party Vendors:

AHS may have established accounts with certain vendors used to book travel and other expenses that are billed directly to AHS.

Examples include but are not limited to hotels, travel agencies, car rental agencies, conferences, courses and expenses reimbursed from a petty cash fund. It is mandatory to include in monthly reports these expenses that pertain to each member. AHS is required to disclose expenses for all applicable receipts and back up must be attached.

Direct Bill Report

- Enter all items related to expenses incurred while conducting AHS business and paid for via a third party vendor (i.e. accommodations, airline tickets, car rentals, hosting events and working sessions)
- Enter all expenses pertaining to professional development such as conferences and courses, etc.
- Enter all expenses paid by AHS not mentioned above.
- Copies of invoices and other relevant back up must be attached, approvals for hosting events/working sessions that exceeds \$600 must be provided.
- Information will be used for reporting purposes only.
- A personal cheque must be attached to cover expenses deemed ineligible.
- Indicate whether you have expenses to report in this section for this reporting period: YES

Name : Glenda Yeates	Reporting Period for the Month of : Sep-19
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
11-Sep-19	Direct Billing	Airline Ticket	Flight from Calgary to Edmonton and return to Chair Quality & Safety Committee Meeting on September 11, 2019 and attend Finance and Audit & Risk Committee Meetings on September 12, 2019 (Invoice [REDACTED])	Vision Travel	\$609.11
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	
Total Paid in the Month					\$ 609.11

From: [REDACTED]@visiontravel.ca>
Sent: Wednesday, September 04, 2019 12:19 PM
To: [REDACTED]
Subject: FW: Invoice and Itinerary for YEATES/GLENDA MS - 11September19 - Vision Travel
Locato [REDACTED]

Caution - This email came from an external address and may contain unsafe content. Ensure you trust this sender before opening attachments or clicking any links in this message.



Vision Travel DT Ontario-West Inc
9929 - 108 St.
Edmonton, AB
T5K 1G8
(780) 425-8611 1-866-425-8611

www.visiontravel.ca
GST Reg : 723782728 RT 0001

Invoice/Itinerary

Invoice: [REDACTED]
Issued: 03 September 2019

Agency Ref.: [REDACTED]
Sales Person: [REDACTED]

Customer Number: [REDACTED]
Customer Ref.: [REDACTED]

ALBERTA HEALTH SERVICES
10030 107 STREET
EDMONTON AB
T5J 3E4

Passenger(s): YEATES/GLENDA MS

Disclaimer: It is your responsibility to carefully review this itinerary immediately upon receipt and notify us if there are any discrepancies.

Air Passenger Protection Regulations:

As of July 15, 2019, airlines will be required to meet new obligations concerning communication, denied boarding, tarmac delay, baggage and the transportation of musical instruments. For more information visit : <https://rppa-appr.ca>

AC : <https://www.aircanada.com/ca/en/aco/home/legal/conditions-carriage-tariffs.html>

AIR - Wednesday, September 11 2019

[Add To Calendar](#)

Air Canada Flight AC8130 Economy Class

Depart	Calgary, Alberta Weather	Arrive	Edmonton, Alberta Weather
	Calgary International Airport		Edmonton International Airport
	07:25 AM Wednesday, September 11 2019		08:19 AM Wednesday, September 11 2019

Duration: 0 hour(s) and 54 minute(s) Non-stop
Status: Confirmed - Air Canada Booking Reference: [REDACTED]
Operated By: AIR CANADA EXPRESS - JAZZ
FF Number: [REDACTED] YEATES/GLENDA MS - please reconfirm at check-in
Online Check In: Available 24 hours prior - [click here](#)
E Upgrade: For Eligible Flight - Aeroplan Members [click here](#)

Remarks: SEAT 3D
PLEASE CHECK IN WITH AIR CANADA EXPRESS - JAZZ

AIR - Thursday, September 12 2019

[Add To Calendar](#)

Air Canada Flight AC8153 Economy Class

Depart	Edmonton, Alberta Weather	Arrive	Calgary, Alberta Weather
	Edmonton International Airport		Calgary International Airport
	04:55 PM Thursday, September 12 2019		05:48 PM Thursday, September 12 2019

Duration: 0 hour(s) and 53 minute(s) Non-stop
Status: Confirmed - Air Canada Booking Reference: [REDACTED]
Operated By: AIR CANADA EXPRESS - JAZZ
FF Number: [REDACTED] YEATES/GLENDA MS - please reconfirm at check-in
Online Check In: Available 24 hours prior - [click here](#)
E Upgrade: For Eligible Flight - Aeroplan Members [click here](#)

Remarks: SEAT 5D
PLEASE CHECK IN WITH AIR CANADA EXPRESS - JAZZ

Invoice Details

Transaction	Document / Booking Number	Base Fare	Other Tax	GST/HST	QST	Total
Invoice Number	[REDACTED]					
Vendor AC AIR CANADA	[REDACTED]	534.15	74.96	0.00	0.00	609.11
				Billed to	[REDACTED]	
	Totals:	534.15	74.96	0.00	0.00	609.11
				Total Credit Card Billing:		609.11
				Balance Due:		0.00